

Section 4 Overview

This section pertains to the policy and procedures necessary when an out-of-home placement of a child is imminent or has occurred.

Chapter 17 Overview

This chapter describes the Respite Care Program.

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Memoranda History:

CD04-68, CD07-52, CD09-07

17.1 Respite Care

Respite care is the provision of periodic and/or intermittent, temporary substitute care of children who are in the care and custody of the Children's Division (CD), placed in a licensed resource home (foster, relative or kinship, emergency). Respite services may be approved as part of an adoption or guardianship agreement. Respite is designed to provide relief from the stresses of the constant responsibilities of providing out-of-home care. It is not for use in regular child care situations when a parent would normally use ordinary child care, i.e., hiring a baby-sitter for an afternoon or evening outing. Respite care may be planned in advance or used in emergency situations. Respite care may be provided to licensed resource providers a minimum of 12 hours, daily, overnight or on a weekly basis. Respite care should be used to maintain stable placements, but should not be used to exclude foster children from ordinary and traditional family activities.

Chapter Memoranda History: (prior to 01-31-07)

CD04-68

Memoranda History

[CD09-07](#), CD10-123

17.2 Types of Respite Care:

1. In-home respite care: Provided in the home of the licensed resource provider and may include, but is not limited to, homemaker, child care, etc., a minimum of 12 hours, overnight, daily or on a weekly basis.
2. Out-of-home respite care may include the substitute care of children a minimum of 12 hours, daily, overnight or on a weekly basis in an approved home or facility other than the current licensed resource provider's home. The resource worker will use the Foster Respite Care Provider Checklist, CS-RC2, to determine that the home is approved.
3. Respite for an unlicensed relative or kinship provider is available through the Children's Treatment Services, CTS, contract.

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17.3 Recruitment and Retention

Resource providers shall be encouraged to recruit individual respite care providers with whom the child(ren) in their home are familiar. Staff are also encouraged to recruit previously licensed resource providers who are no longer actively providing care for children but left the agency in good standing. Resource worker staff will use the Resource Parent Exit Interview, CD-112, to facilitate recruitment of resource providers that are closing their license as well as former resource providers. The completed form will be reviewed by the worker and used to encourage post-foster parent resource opportunities. The CD-112 will be retained in the form section of the case file.

The resource worker will provide support and instruction to the respite provider regarding:

- § Completion of the necessary paperwork/forms
- § Amount of respite pay and the payment process
- § Training opportunities

Individuals and families referred to the agency as potential respite care providers shall complete the appropriate approval process. If approved, the respite care provider shall be placed on a current, local list of respite care providers. Resource providers shall be given a copy of the list with updates provided on a regular basis or upon request.

The Children's Division resource worker will utilize but not be limited to the following to promote retention of respite providers:

- § Invite all respite providers to the Resource Parent (foster parent) appreciation events
- § Encourage the respite provider to participate with the organized Resource Provider (foster parent) support groups.
- § Provide information regarding web sites and materials to enhance the respite provider's parenting skills.

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17.4 Approval Process of Respite Care Providers

Respite care providers must be approved by the Children's Division in order to provide contracted respite care services. To ensure an understanding of the program, the Children's Service Worker shall provide an explanation of respite care services to the applicant prior to beginning the approval process.

To be approved as a provider of out-of-home or in-home respite care, a respite care provider must complete the following:

- § Application to Provide Respite Care, CS-RC-1
- § Submit fingerprints every two years
- § Submit to CA/N and criminal checks
- § Submit to Case.Net check
- § Complete Family Care Safety Registry form
- § Submit to Sex Offender list check
- § Sign a Respite Care Provider Approval ,CS-RC-3
- § Sign a Cooperative Agreement for the Purchase of Respite Care Services with the Children's Division, CM-10
- § Read, agree to and sign the Resource Parent Discipline Agreement, CD-119
- § Read, agree to and sign the Safe Sleep Practices, CD-117

For out-of-home providers **only**, the provider must also meet the licensing requirements as set forth in CSR 40-60.040 Physical Standards for Foster Homes:

- (1) General Requirements, Sections (A) through (G);
- (2) Sleeping Arrangements, Sections (A) through (I); and
- (3) Fire and Safety Requirements, Sections (A) through (I).

The Children's Service Worker shall make at least one home visit prior to the contract being signed and use the Foster Respite Care Provider Checklist, CS-RC-2, to document that the respite care home meets these requirements and to determine placement capacity.

Respite providers are required to be fingerprinted. The Children's Division will pay for the costs of the respite providers to be fingerprinted. Refer to [Section 6 Chapter 3 Attachment A](#) for the fingerprinting process. Respite care providers are required to be fingerprinted every two years.

Staff may not approve the application or renewal of any person in which a record check reveals that a felony conviction for child abuse or neglect, spousal abuse, a crime against children (including child pornography), or a crime involving violence, including rape, sexual assault, or homicide, but not including other physical assault or battery as determined by a court of competent jurisdiction.

Staff may also not approve the application or renewal of any person who in the past five years has had a court of competent jurisdiction determine a felony conviction for physical assault, battery, or a drug-related offense.

Workers must follow the guidelines in policy and not make any additional requirements beyond what policy requires. The Respite application must be processed within 90 days.

Other persons who may provide respite care include licensed child care homes, licensed foster and kinship homes and residential facilities. Licensed child care group homes and licensed child care centers may provide respite care up to 23 hours.

Prior to placing a child(ren) in a licensed child care home/facility, licensed foster, relative, or kinship home and/or a residential facility, the Children's Service Worker and provider shall ensure that licensing capacities and other licensing regulations are met and that the provider is able to adequately supervise all children in their care.

The capacity of placements the respite provider can have is determined using the information from the CS-RC-2. The resource provider that is only contracted as a respite parent will only provide respite services for a maximum of 6 placements at one time or less depending on the information on the CS-RC-2

All respite care providers may attend regular foster parent training and any in-service training provided by the Division. Attendance at this training is not a requirement to provide respite care. Training costs will be at the expense of the respite provider including cost of travel.

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CD04-68

Memoranda History
CD09-07

17.5 Renewal Process of Respite Care Providers

Respite care providers must have their contract renewed on a yearly basis.

Prior to the respite provider's contract being renewed, the resource worker will:

A. Prepare a summary to be placed in the narrative section of the case file (Blue):

- 1) Document number and types of respite placements made
- 2) Document contacts with the family
- 3) Document staff concerns with the family
- 4) Document any trainings attended
- 5) Document any discussion of contract/qualification issues, placement concerns, and any other issues/concerns noted by staff.
- 6) Document changes in the household composition (i.e. divorce, death, illnesses, adoptions, births, etc.)
- 7) Document changes to the physical environment (moves, additions, remodels, etc.).
- 8) Document any hotlines reports, incidents, issues or concerns involving the respite resource family and any action taken. It should also be noted if no action was taken and why.

B. Complete Background Checks

- 1) CA/N Check
- 2) Case.Net Check
- 3) Family Care Safety Registry Check
- 4) Sex Offender List Check

C. Complete a new CS-RC-2

D. Fingerprinting will be done every two years, not at the annual contract renewal time.

MEMORANDA HISTORY:

CD09-07

17.6 Guidelines for Use

Respite care is designed to provide temporary relief from stressful or emergency situations. Respite care may be planned in advance or used in emergency situations. Respite care will be available to resource providers based on the needs of the family. These needs may include, but are not limited to, illness, death in the family, hospitalization, or imminent risk of removal of the child where "time out" would stabilize the placement. Respite care should not be used for regular child care purposes. Respite care for children in specialized foster care, such as youth with elevated needs foster homes, will be provided per the respective program guidelines.

Related Subject: Section 4 Chapter 17.8 [Respite for Youth with Elevated Needs-Level B Resource Providers](#)

- § Licensed resource providers must notify the Children's Service Worker or their supervisor in their county of residence prior to using respite care.
- § Together with the licensed resource provider, the Children's Service Worker will assess the appropriateness of the selected respite care provider for the child(ren). Caution should be exercised when using currently licensed homes and facilities to assure that license capacities are not exceeded and the provider is able to adequately supervise all children in their care.
- § If the child is identified in FACES to be in a youth with elevated needs- Level A placement, another trained Level A resource provider must be used for respite services.
- § The worker must also determine the balance of respite care units available to the licensed resource parent. This will be done on the Respite Unit Tracking Log, CD-113.
- § Upon approval from the worker or supervisor, the licensed resource provider will be responsible for making all necessary arrangements for a child's placement in respite care.
- § The licensed resource provider must provide the worker the completed Respite Provider Evaluation/Payment Invoice, CD-111 documenting the number of units used. The resource parent must submit the invoice within 5 working days of receiving the respite service.
- § The worker will process payment via the FACES Payment Request by the last day of the month that the service occurred in order for the payment to be timely. The worker will make only one payment entry for the respite services for the resource provider provided that month.

The capacity of placements the respite provider can have is determined using the information from the CS-RC-2. The resource provider that is only contracted as a respite parent will only provide respite services for a maximum of 6 placements at one time or less depending on the information on the CS-RC-2.

A unit of respite care for licensed traditional, relative, kinship, medical, emergency, and Level A providers is defined as a minimum of 12 hours up to a maximum of 24 hours. Use of respite care is not to exceed 12 units per child during a 12 month period of time. The 12 month period will begin on the date that the child was placed in the resource provider's home. The 12 units will reset upon the anniversary date of the child's placement. Unused units for the previous 12 month period are not rolled over to the new 12 month period. At any time a child is placed in a new provider's home, the respite units reset for that child at the new placement. Local staff will be responsible for tracking the number of units utilized by the licensed resource parents. Tracking will be done on the CD-113. Respite care providers will be reimbursed \$20.00 per unit per child.

The payment exception is that Level B respite care providers will be reimbursed \$40.00 per unit per child for those children that are classified on the Alternative Care Client Information screen, SS-61, as a level B child.

Licensed resource providers shall prepare children for respite placement by:

- § Arranging pre-placement visits (for planned respite care) and by being sensitive to the child's needs.
- § The licensed resource provider shall provide the respite care provider with a copy of the Child/Family Health and Developmental Assessment, CW-103, and the child's MO HealthNet card.
- § The licensed resource provider shall provide the respite providers with a completed Child Information Form, CD-110, for each child. The CD-110 includes emergency numbers, number where the foster parent can be reached, the number for the child's Children's Service Worker, child's physician and the hospital of choice.
- § The licensed resource provider shall provide the respite provider with the name, address, and telephone number of the child's parents.

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[CD04-68](#)

Memoranda History:

[CD07-52](#), [CD09-07](#), [CD09-50](#), [CD10-08](#) , **CD10-123**

17.7 Reimbursement for Respite Care

1. Respite services and payment will be arranged and authorized by the service county.
2. Respite care providers for all Legal Status 1 children except youth with elevated needs-level B, will be reimbursed \$20.00 per unit per child. Reimbursement rate for level B children is \$40.00 per unit.
3. The licensed resource home shall continue to receive the regular foster care payment only while the child is in policy defined respite care units; 12 units per year or 14 units plus one weekend a month for elevated needs level B.
4. If extenuating situations necessitate additional respite units. Regional Director or designee approval is required. Documentation of the approval must be maintained by attaching it to the Respite Unit Tracking Log, CD-113, and the Children's Services Integrated Payment System Invoice, CS-65.
5. Local staff are responsible for tracking the number of units utilized by the licensed resource providers. Tracking is done on the CD-113
6. The licensed resource provider will submit the completed Respite Provider Evaluation/Payment Invoice, CD-111, to the Children's Service Worker within 5 working days of receiving the respite service.
7. The worker will process payment via the CS-65 by the last day of the month that the service occurred in order for the payment to be timely. The worker will make only one payment entry for the respite services for the resource parent provided that month.
8. A copy of the CD-111 will be retained in the respite care provider's case file in the forms section.
9. Respite Providers are eligible to receive mileage reimbursement as outlined in policy, [Section 4 Chapter 11 Attachment C](#).

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[CD04-68](#)

Memoranda History

[CD09-07](#), [CD10-08](#), [CD10-20](#), CD10-89

17.8 Respite for Youth with Elevated Needs-Level B Resource Providers

- § Level B resource providers are encouraged to use respite care a minimum of one (1) weekend per month plus 14 days per year (12 month period). The one weekend per month does not carry over to the next month. The 14 days per year reset upon the anniversary of the placement of the foster youth in the home.
- § Respite care will be provided for all foster youth in the Level B resource provider home at the same frequency regardless of level of care, i.e., traditional, youth with elevated needs, etc.
- § Respite care does not have to be provided for all youth in the Level B home at the same time.
- § Level B resource providers may determine the actual time(s) to use respite based on the individual needs of the child(ren) in their home, and family.
- § Respite care for the children that are identified as Level B on their Alternative Care Client Information screen, SS-61, is to be provided by Level B respite trained provider under contract with the Division. Both the Level B resource provider and the Level B respite provider will continue to receive their annual reimbursement during periods of respite.
- § A Level B respite provider may provide care for a maximum of 2 Level B children simultaneously.
- § Licensed Level B resource providers may not be contracted as Level B respite providers unless a waiver has been granted by the Regional Director or designee.
- § A Level B licensed provider who has a signed Level B respite contract may provide care for up to 2 additional Level B children on a case-by-case basis provided that the following is in place:
 - a) The total capacity **does not exceed 4** placements.
 - b) Regional Director or Designee **approval**.
 - c) The respite care is for a period of **48 hours or less**.
 - d) A **back-up plan** is in place in the event of a placement disruption during the respite period.
 - e) Consideration is given to: the behaviors, health, and elevated needs of each individual foster youth; the age and sex of each foster youth; how each individual child interacts with the other youth in the home.

All of the criteria and information listed above must be clearly documented in the Level B respite provider's licensing record.

- § The Level B respite provider will receive \$40.00 a unit for providing respite services to a Level B child.
- § A respite unit is a minimum of 12 hours up to a maximum of 24 hours. A unit of respite care is defined as a minimum of 12 hours up to a maximum of 24 hours. The 12 month period will begin on the date that the child was placed in the resource provider's home. The 12 units will reset upon the anniversary date of the child's placement. Unused units for the previous 12 month period are not rolled over to the new 12 month period. At any time a child is placed in a new provider's home, the respite units reset for that child at the new placement. Local staff will be responsible for tracking the number of units.
- § The Level B resource provider will submit the completed CD-111 within 5 working days of receiving the respite service.
- § The worker will process payment via the CS-65 by the last day of the month that the service occurred in order for the payment to be timely. The worker will make only one payment entry for the respite services to the resource provider provided that month.
- § A copy of the CD-111 will be retained in the respite provider's case file in the forms section.

17.8.1 Level B Respite Training

- § Level B respite providers require CPR and First Aid Training in accordance with policy for licensed resource providers.
- § Level B Respite training will consist of a total of 8 hours
- § Level B Respite training curriculum will be developed locally
- § Level B Respite training curriculum must include the following:
 - a) An overview of skills needed for parenting abuse/neglected children including issues related to physical/emotional development of children in foster care including:
 - § Communication Skills
 - § Building self-esteem
 - § Caring for children with inappropriate or destructive behavior such as lying, physical aggression, property destruction, and sexual acting out.
 - b) Agency rules, regulations, policy and forms
 - c) Behavioral management techniques including appropriate discipline techniques

d) Techniques for caring for a child with serious behavior/emotional problems. This training should include crisis intervention, suicide management, and local protocol for handling emergency situations.

§ In addition to the 8 hours of Level B Respite training, child specific training for each new child placed in the home will be done by the Level B resource provider prior to the child receiving the respite services.

Level B Respite providers will be encouraged to participate with on-going child care training to remain current on caring for children with physical/emotional development issues.

Chapter Memoranda History: (prior to 01-31-07)

CS94-17, CS95-34, [CD04-68](#)

Memoranda History

[CD09-07](#), [CD09-50](#), [CD10-08](#)

17.9.1 Case Recording

A case file will be maintained for individuals who are only a Respite Care Provider Resource. If the respite care resource has a foster care license, documentation specific to respite services are maintained in their licensing case file under a cover sheet labeled, Respite. Respite care is a contracted service. A Current foster care license is not necessary in order for an individual to be awarded a cooperative agreement for Respite services. The composition of the Respite Care Provider case file should be the following:

Forms Section (Yellow)

Application to Provide Respite Care, CS-RC-1
Respite Care Provider Approval, CS-RC-3
Foster Respite Care Provider Checklist, CS-RC-2
Respite Provider Evaluation/Payment Invoices, CD-111
Resource Parent Discipline Agreement, CD119
Safe Sleep Practices, CD-117

HIPAA (White)

Correspondence (White)

Letters to Respite Provider Family
Any other written correspondence (including business e-mail)

Training (Buff)

Training record screens (this is only applicable to the Elevated Needs Level B Respite Providers who are required to complete eight (8) hours of Elevated Needs Level B respite training.)

Contracts (Yellow)

Cooperative Agreement for the Purchase of Respite Care Services with the Children's Division, CM-10
Cooperative Agreement for the Purchase of Respite Care for Elevated Needs Level B Foster Parents, CM-9

OHI Reports (Pink)

The cover sheet should include:

- Case Name
- Date of Report

Title Child Welfare Manual
Section 4: Out-of-Home Care
Chapter 17: Respite Care
Subsection 9: Case Recording
Effective Date: March 1, 2010
Page: 2

- Incident Number
- Expungement Date

Narrative (Blue)

Dictate when a Family is awarded or renewed a cooperative agreement for Respite Care services.

Record background screenings were completed

Record all home visits and meetings with Respite Resource family

Record when training notices for Elevated Needs Level B Respite Providers have been mailed

Record when Elevated Needs Level B Resource Provider has participated in training

Record any cooperate agreement or qualifications concerns noted and action taken

Document closing narrative

Placed Inside and attached to the front flap of the file folder:

Placement Report for Foster Home Record, CD104

17.9.2 Initial Recording

The initial recording should document the date the CM-10 was signed by the family and Children's Service Worker. The worker should also meet with the family's biological/adopted children separate from the parents to discuss their feelings on sharing their household. The date the vendor was opened in the system should also be noted.

Document that the background screenings were completed for all household members:

Fingerprints

CA/N Check

Case.Net Check

Family Care Safety Registry

Sex Offender List

17.9.3 Subsequent Recording

Subsequent recording will include:

- § Document respite placements made utilizing the CD-104
- § Document contacts with the family
- § Document any staff concerns with the family
- § Document any trainings attended.

A summary should be completed yearly prior to issuance of a new cooperative agreement. The summary will include:

- § Any concerns or issues noted during the past year
- § Number and types of placements made
- § Changes in household composition (i.e. divorce, death, illnesses, adoptions, births, etc.)
- § Changes to the physical environment (moves, additions, remodels, etc)
- § Training attended.
- § Background screenings to be completed every two years.
- § The date of the licensing worker's home visits (which must occur a minimum of once a year prior to the new cooperative agreement being issued)
- § Contact with the family's biological/adopted children (separate from the parents).
- § The worker should also document discussion of any cooperative agreement or qualification issues, placement concerns, and any other issues/concerns noted by the Children's Service Worker.
- § There should also be a discussion of any hotline reports, incidents, issues or concerns involving the Respite Resource family and any action taken. It should also be noted if no action was taken and why.
- § If there are concerns and reasons to close the respite provider, the contract unit must be contacted to close the respite care cooperative agreement for services, CM-9 or CM-10. Request to close the cooperative agreement must occur prior to June 30; the end of fiscal year.

17.9.4 Documentation of Contact with Children in Division Custody

When a staff member makes a visit at the respite provider's home, contact with all household members should be documented. However, only initials should be utilized when making reference to children in Division custody. This is true of all current and previous placements in the household. Resource family records are not confidential and may be requested by the public. Using initials only will maintain confidentiality of the children in Division custody.

A list, Placement Report for Foster Home Record, CD-104, shall be maintained in the forms section of the file with the names, placement and removal dates of all children in the resource family home. This form will be removed prior to the records being made public.

17.9.5 Documentation of Criminal History

Staff should not list specifics in the narrative section of the file when documenting criminal history. The narrative should simply reflect one of the following:

- History is present and the Division is denying/suspending/revoking the cooperative agreement based on the criminal history;
- History was present but will not result in an adverse action to the cooperative agreement; or
- No criminal record found.

17.9.6 Closing Summary

There should be a summary completed whenever a respite resource home is closed. For those closed voluntarily, the narrative should include why the family chose to close/not have their cooperative agreement renewed as well as any concerns or strengths of the family noted by staff. For those closed due a cooperative agreement or qualification issues that led to not renewing the cooperative agreement and any other concerns, the information should be documented clearly. The date of the exit interview and the discussion with the family should be documented in the closing summary also.

The contract unit must be contacted to close a cooperative agreement for respite services; CM-9 and CM-10 prior to June 30, end of fiscal year.

MEMORANDA HISTORY:

CD09-07, CD10-20